



CITY OF NEW CASTLE TEMPORARY STORAGE UNIT

Date Issued: _____

Your Name _____

If you are a renter, property owners name: _____

Property Address: _____

Delivery Date: _____ Removal Date: _____

Fee Paid: _____

Location of Unit on Property: _____

(If unit will be on a street, permit can only be issued for 72-hour period.)

Important Information:

- **Maxim number of days permit is valid:**
7 days if unit will be placed off Street, on driveway, pad or ground
72 hours if located on Street.

Fees and Penalties:

- Permit Fee - \$25.00 per unit
- Late Fee - \$50.00 if portable storage unit is on site before obtaining a permit.

City Use Only

cc: City Administrator ♦ Finance Department ♦ Police Department ♦ Code Enforcement

Fee Received: _____ Date: _____

Approved: _____ Date: _____

PLEASE POST PERMIT SO THAT IT IS VISIBLE FROM THE STREET